

Name of Applicant _____

TAP and Son's Electric, Inc.

APPLICATION FOR EMPLOYMENT

Completion of this form in no way constitutes an offer of employment. The information requested is required to provide us with information necessary to consider you for the position for which you are applying. ***We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.***

DATE OF APPLICATION-_____

PLEASE PRINT LEGIBLY OR TYPE ALL REQUESTED INFORMATION

Position for which you are applying _____

Last Name First Name M.I.

Street Address City State Zip Code

Contact Phone Number(s) (include area code) Contact E-mail Address _____

Alternate Phone Number(s) (include area code) Have you served in the Armed Forces? Yes No
Currently serving or a veteran? Current Veteran

CONDITIONS OF CONSIDERATION FOR EMPLOYMENT

All information contained on the application is subject to verification. If applicable, TAP and Son's Electric, Inc. may conduct background checks including, but not limited to, work references, driving records, criminal conviction records and educational attainment.

You may be subjected to a criminal background investigation for some positions. All offers of employment and continued employment may be subject to a complete review of any criminal convictions you may have. Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the questions fully and accurately, may result in immediate termination from employment or the rejection of any pending application or offer from TAP and Son's Electric, Inc.

CRIMINAL BACKGROUND INFORMATION (ALL APPLICANTS)

ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. "Crime" as used in this section means *any and all felonies, misdemeanors and serious driving offenses, including but not limited to driving while under the influence of intoxicating liquor ("DUI") or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, excessive (criminal) speed, leaving the scene of an accident, driving on a suspended, revoked or refused license or any other driving offense that is a misdemeanor (i.e., possible penalty for conviction includes imprisonment or jail time).* "Crime" does not include minor (civil) traffic offenses. If you are not sure how to answer these questions, please ask a member of the Human Resources Department for assistance.

"Convicted" means you have been found guilty of a crime by a court or jury, or have pleaded guilty or nolo contendere ("no contest") to a crime and have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined or received a suspended sentence.

****NOTE: A criminal conviction(s) may or may not constitute an automatic disqualification foremployment.**

Have you ever been convicted of any crime? Answer by writing "Yes" or "No" _____
If you have answered "yes" to this question, please give the details of offense(s) for which convicted, date(s) of conviction(s), jurisdiction(s) (court, city, county, state, federal, foreign or military), and disposition(s) on the attached supplemental sheet marked "Criminal Conviction History Form". Exclude tickets for minor traffic and parking violations.

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Does the position you are applying for require you to drive a vehicle as part of your job responsibilities? If yes, please see attached supplemental form marked "Driver Form".

Can you provide verification of your eligibility to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

EDUCATION AND TRAINING

College, University, Trade or Business Schools	City, State (List campus attended)	Degree/Diploma Attained/Year	Hours Earned	Major Area of Study

Other Training: Name and Location of Institution	Topic of Training	Diploma/Certificate

List Current Licenses/Professional Registrations/Certifications	State Received	Expiration Date(s)

Post Secondary Degree Yes No

Do you currently or have you ever worked for TAP and Son's Electric, Inc.? Yes No

If yes, please state the position held and the last employment date, if not included in the employment history below. Please include reason for leaving.

Have you ever been dismissed or allowed to resign in lieu of dismissal from a position for misconduct or unsatisfactory service? Yes No

If yes, describe the circumstances even if you did not agree with your employer's decision:

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EMPLOYMENT HISTORY

List last three (3) employers beginning with the most recent first. Account for all time employed, including self employment.

HOURS PER WEEK		
DATES WORKED	From (Mo/Yr)	To (Mo/Yr)
EMPLOYER	SALARY	OTHER
Company Name:	Starting: <input type="text"/> Ending: <input type="text"/> Per week, month, year	Position:
Address (No., Street, Suite No.)	Duties:	Supervisor's Name:
City, State, Zip		Reason for Leaving:
Phone Number:		

HOURS PER WEEK		
DATES WORKED	From (Mo/Yr)	To (Mo/Yr)
EMPLOYER	SALARY	OTHER
Company Name:	Starting: <input type="text"/> Ending: <input type="text"/> Per week, month, year	Position:
Address (No., Street, Suite No.)	Duties:	Supervisor's Name:
City, State, Zip		Reason for Leaving:
Phone Number:		

HOURS PER WEEK		
DATES WORKED	From (Mo/Yr)	To (Mo/Yr)
EMPLOYER	SALARY	OTHER
Company Name:	Starting: <input type="text"/> Ending: <input type="text"/> Per week, month, year	Position:
Address (No., Street, Suite No.)	Duties:	Supervisor's Name:
City, State, Zip		Reason for Leaving:
Phone Number:		

If presently employed, may we contact your employer? Yes No

If you need additional space, please use the last sheet of this application. _____

Please list any other names you may have used while employed. _____

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I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements and falsifications may cause forfeiture on my part of all eligibility to any employment with TAP and Son's Electric, Inc. In addition, I give TAP and Son's Electric, Inc. the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, individual or educational institution assisting TAP and Son's Electric, Inc. in providing relevant, job related information that will assist in the process.

My signature below certifies that I have read and understand this application and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

Printed Name

Name of Applicant _____

TAP AND SON'S
ELECTRIC, INC.

DRIVER FORM

I understand to operate a personally owned vehicle or fleet motor vehicle for the furtherance of TAP and Son's Electric, Inc. business purposes, I must have an acceptable driving record and complete applicable driver training as required by Arizona Administrative Code R2-10-207(12).

I understand the Driver Protection Privacy Act of 1994, amended September 1997, prohibits the release of my Motor Vehicle Record for other than matters of motor vehicle or driver safety.

I understand I may be asked and would be responsible for providing a copy of my thirty-nine (39) month motor vehicle record history if I do not have a current Arizona driver license.

Name (print as it appears on your driverlicense)

Do you have a current valid U. S. driver license?

Yes

No

State Issuing and Driver License Number

Do you have a current valid U. S. commercial driver license?

Yes

No

State Issuing and Driver License Number

Signature

Date

Name of Applicant _____

PLEASE USE THIS PAGE FOR ANY ADDITIONAL INFORMATION